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CONFIRMATION NO. 6987

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | |
|--|---|---------------------------------------|-------------------------------------|---|--|
| 10/650,494 | 08/28/2003 RULE | 623 | 3775 | MSDI-479/PC457.06 | |
| APPLICANTS Bradley T. Estes, Memphis, TN; Andrew M. Dickson, Gallatin, TN; ** CONTINUING DATA ***** This application is a CON of 09/696,715 10/25/2000 PAT 6,613,089 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/05/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /SAMEH RAAFAT BOLES/ Acknowledged Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY TN | SHEETS DRAWINGS 7 | TOTAL CLAIMS 80 | INDEPENDENT CLAIMS 4 |
| ADDRESS MEDTRONIC Attn: Noreen Johnson - IP Legal Department 2600 Sofamor Danek Drive MEMPHIS, TN 38132 UNITED STATES | | | | | |
| TITLE Laterally expanding intervertebral fusion device | | | | | |
| FILING FEE RECEIVED 2116 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |